

<b>Case Number:</b>	CM15-0185709		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 46 year old male injured worker suffered an industrial injury on 8-30-1999. The diagnoses included cervical disc displacement and cervicgia and cervical fusion. On 8-31-2015 the treating provider reported neck pain radiating into the left upper extremity and the nerve conductions study was indicative of chronic C6 radiculitis. He rated the pain as 5 to 6 out of 10. On exam there was posterior neck tenderness with reduced range of motion secondary to pain and stiffness. He had left upper extremity dysesthesia into the radial forearm, hand and upper arm. The cervical x-rays reveal a fairly large ventral osteophyte. The provider noted that he wanted to see if he had any cystic structures, recurrent or residual disc herniation or other problems causing nerve root compression that was not visible on COMPUTED TOMOGRAPH scan. Request for Authorization date was 9-1-2015. The Utilization Review on 9-4-2015 determined non-certification for MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In this case a CT scan was ordered as well and an MRI was only if the CT did not show any nerve root problems. The CT results are unknown. The request for an MRI of the cervical spine is not medically necessary.